Kidney Cancer UK
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Kidney Cancer UK
SUPPORTING PATIENTS & CARERS

[redacted],
Chair, Appeal Committee
National Institute of Health and Clinical Excellence
MidCity Place
71 High Holborn
London WC1V 6NA

!5 April 2013

15th April 2013

Dear [redacted],

RE: Final Appraisal Determination: Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment

Kidney Cancer UK (KCUK) would like to appeal against the above FAD on the following ground:

Ground One The Institute has failed to act fairly

There are two aspects to this. The first refers to the difference in views on benefits as between the Committee and one of the clinical specialists, Professor Robert Hawkins. Why such a difference should exist is not adequately explained. Nor is it made clear why Professor Hawkins was not invited to the Second Appraisal Meeting (held on 13 February 2013) to assist in reconciling these different views (something which is provided for in paragraph 3.5.39 of the Single Technology Appraisal Guide). KCUK considers there is a lack of transparency regarding process here and that a failure to reconcile the Committee's view with that held by Professor Hawkins is unfair.

The second aspect concerns the high degree of uncertainty attending lengths of overall survival and corresponding incremental cost effectiveness ratios. In paragraph 4.21 (page 45) of the FAD,

> The Committee concludes that the ICER of approximately £55,300 per QALY…. may have been over-estimated based on the unlikely overall survival gains with best supportive care…., but that there were other uncertainties that might push the ICER higher

At the First Appraisal Meeting (held on 13 November 2013) a patient expert made the point that length of survival on best supportive care (following progression after front-line treatment) is only very rarely observed in clinical practice to exceed 6 months and is certainly nowhere near the figures of 14 and 24 months referred to in paragraph 4.12 of the FAD (page 38).

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Also it is not clear how the 'other uncertainties' referred to have been measured and set against differing assumptions regarding overall survival benefits. Here again KCUK considers there is a lack of transparency regarding process. It also considers the Institute is acting unfairly in making such heavy presumptions in favour of long lengths of survival under best supportive care.

Conclusion

KCUK is strongly of the opinion that, for the purpose of treating advanced renal cell carcinoma after failure of prior systemic treatment, axitinib should be recognised, as not just clinically effective but cost effective as well. It wishes this appeal to proceed to an oral meeting.

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[redacted]
KCUK Trustee
[redacted]

[redacted]

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